

## Physician heal thyself (Luke 4:23)

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### Summary

The performance culture of the health service means that the psychological wellbeing of staff is becoming paramount in maintaining the workforce and in sustaining psychological health and morale. A Charter for Psychological Staff Wellbeing and Resilience is introduced which puts the onus on us and on employers to make the necessary adjustments to their workplace cultures and encourage professionals – us – to break through the barrier of stigma.

### Editorial

There is a paradox at work in the health service. The NHS wants to attract and, although in decreasing numbers, continues to attract, staff who want to be employed in one of the caring professions. On the other hand, however, the conditions under which most of us now work are, instead, making us uncaring towards our patients and towards each other.

There is now a large number of reports which are showing how workers in the NHS are expected to work to tighter and tighter performance targets (Felstead et al, 2013) and this is now having a knock-on effect. In 2013-14, for example, nearly 16,000,000 staff days were lost on account of staff sickness (HSCIC, 2015). For those of us who work, or who have worked, in mental health services, sickness absence rates are significantly higher than in other fields (Quality Watch, 2015).

Staff wellbeing should surely now be an imperative, and we are no longer in a position of ignorance. Indeed, as NHS England Chief Executive Simon Stevens himself said last year, “Staff wellbeing is no longer a ‘nice to have’, it’s a ‘must do’.”

It is a tragically well known fact that healthcare professionals’ rates of suicide are amongst the highest of all occupational groups in England and Wales but why is it that we don’t seek help? The answer is, almost invariably, stigma, together with shame, anxieties about confidentiality and a fear of the negative impact of disclosure (Chew-Graham et al 2009, Jenkins et al, 2012, Boorman 2009). As Professor Lewis Appleby so rightly said, “Doctors who are ill need to be treated, not punished”. And yet well over two thirds of NHS Trusts have no plans or policies in place to support their staff.

Why not? We know all too well that organisations which put the health and wellbeing of their employees first perform much better than those who do not. There are measurable effects on such factors as employee retention and staff sickness absence (Black, 2008) but these factors can also be translated directly into financial savings for Trust Boards (Price Waterhouse Cooper, 1998). It is not at all surprising, therefore, that the recent independent Mental Health Taskforce recommended that NHS England should incentivise NHS staff wellbeing under the current standard contract by 2017.

An annual survey of wellbeing conducted (Rao et al, in press) has found that self-reported depression is increasing among the 1,106 members of the psychological therapies workforce who participated in the study. Self-reported rates of feelings of depression have increased from 40% last year to 46% this year, with feelings of failure increasing from 42% to just under 50%.

These figures do not, of course, occur on their own because the same survey found a statistically significant increase in self-reported stress with 70% of respondents now saying that they feel stressed often or all the time, which is up 12% from the previous year. One quarter of respondents told the authors that they have a chronic, long-term condition.

Where, then, is the blame to be laid? Targets and stress and burnout are respectively increasing from 32% to 41% and 21% to 38% and there are, of course, many other factors too, including the incidence of reported bullying and harassment, which has doubled. Indeed, the British Association for Behavioural and Cognitive Psychotherapies warned, only last year, that : “an NHS culture of bullying and intimidation, [is] preventing us from openly raising (sic) our concerns, and undermining our clinical judgment”.

So what is the answer? West and Dawson (2015) have identified organisational factors such as a culture based on integrity and trust but individual factors such as real clarity, work-life balance, freedom and autonomy and recognition and reward are important as well (Commission on Wellbeing, 2014).

Several employer and provider organisations, including the South London and Maudsley and Tavistock and Portman NHS Foundation Trusts, mental health charities, including Mind and Rethink, a number of learned societies and professional associations, including the Royal College of Psychiatrists, the British Psychological Society and the British Association for Behavioural and Cognitive Psychotherapies and third sector providers, including the Anna Freud Centre and the Westminster Pastoral Foundation, committed themselves in February to a new Charter for Psychological Staff Wellbeing and Resilience in the NHS which was launched in February this year as a joint partnership initiative of the BPS and the New Savoy Conference.

The over 20 signatory organisations committed to promote effective services through models of good staff wellbeing at work, to engage in reflective and generative discussion with colleagues, other leaders and frontline staff, to co-create compassionate workplaces and sustainable services and to monitor and improve the wellbeing of their staff.

To quote from the Charter, “The Charter aims to reset the balance in the drive to improve access, [and], asks for a great focus on support for staff wellbeing to sustain the impact that we know that psychological services have when they are delivered effectively”. The Charter continues, “Those services which have good staff wellbeing will be more sustainable and make the most difference to those they are helping”.

The Charter has attracted all party political support. Community and Social Care Minister, Alastair Burt said, “I can’t be standing on platform day in, day out, talking about a world-

leading service if I'm standing on something that's rusting away beneath me... It can't be done unless [staff] feel valued and unless [staff] feel [that their] wellbeing is taken seriously", Shadow Mental Health Minister, Luciana Berger, said: "It is unacceptable that the dedicated psychological professionals who provide vital support to those in need are themselves increasingly suffering from stress and other mental health conditions" and former Care Minister, Norman Lamb, said: "Quite apart from the clear moral argument for taking staff wellbeing seriously, we cannot hope to achieve equality for mental health unless the psychological workforce is properly supported.

So, what next? A Wellbeing Collaborative Learning Network has now been established through which to take the Charter forward but we all have a responsibility for ourselves, our colleagues, and all of those with whom we work. Our annual survey has provided a catalyst for people to realise they can start to speak out about staff wellbeing in ways that benefit us all.

We may not have the capacity to heal ourselves but we can do a lot more to keep ourselves psychologically and physically healthy and engaged and to stop ourselves from falling ill, and our employers, and those of us who are employers, have a moral duty to offer meaningful help. It is incumbent on all of us to consider how we can contribute to this, both on an individual or on a collective basis.

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